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| CLAIMS ONLY | | | | | | | Application Number 09/611 835 | | Filing Date | | |
|---|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|--|
| | | | | | | | Applicant(s) | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | |
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| Total Indep | | | | | | | | | | | |
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| CLAIMS ONLY | | | | | | | Application Number 09164835 | | Filing Date | | | |
|---|----------|--------|-----------------------|--------|------------------------|--------|--------------------------------|--------|-------------|--------|-------|--------|
| | | | | | | | Applicant(s) | | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| 10 14 | / | / | | | | | 64 | | | | | |
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| 10 16 | | / | | | | | 66 | | | | | |
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| 10 34 | | / | | | | | 84 | | | | | |
| 10 35 | / | / | | | | | 85 | | | | | |
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| 10 37 | | / | | | | | 87 | | | | | |
| 10 38 | | / | | | | | 88 | | | | | |
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| 10 41 | | / | | | | | 91 | | | | | |
| 10 42 | | / | | | | | 92 | | | | | |
| 10 43 | | / | | | | | 93 | | | | | |
| 10 44 | | / | | | | | 94 | | | | | |
| 10 45 | | / | | | | | 95 | | | | | |
| 10 46 | | / | | | | | 96 | | | | | |
| 10 47 | | / | | | | | 97 | | | | | |
| 10 48 | | / | | | | | 98 | | | | | |
| 10 49 | / | / | | | | | 99 | | | | | |
| 10 50 | | / | | | | | 100 | | | | | |
| Total Indep | 3 | | | | | | Total Indep | 1 | | | | |
| Total Depend | 47 | | | | | | Total Depend | 5 | | | | |
| Total Claims | 50 | | | | | | Total Claims | 6 | | | | |